

**TRUST**

COURT OF COMMON PLEAS OF  
\_\_\_\_\_ COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION

NAME OF TRUST  
(TRUST UNDER WILL OF \_\_\_\_\_  
or  
TRUST UNDER DEED OF \_\_\_\_\_  
DATED \_\_\_\_\_ )  
No. \_\_\_\_\_

**PETITION FOR ADJUDICATION /  
STATEMENT OF PROPOSED DISTRIBUTION  
PURSUANT TO Pa. O.C. Rule 6.9**

*This form may be used in all cases involving the Audit of Trust Accounts. If space is insufficient, riders may be attached.*

**INCLUDE ATTACHMENTS AT THE BACK OF THIS FORM.**

Name of Counsel: \_\_\_\_\_

Supreme Court I.D. No.: \_\_\_\_\_

Name of Law Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Name of Trust: \_\_\_\_\_

1. Name(s) and address(es) of Petitioner(s):

Petitioner:

Petitioner:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

2. Check if any of the following issues are involved in this case:

- A. Appointment of Trustee .....
- B. Interpretation .....
- C. Discharge of Trustee .....
- D. Transfer of Situs .....
- E. Appointment of *Ad Litem* .....
- F. Minor, Unborn or Unascertained Beneficiary(ies) .....
- G. Principal Distribution .....
- H. Partial/Full Termination of Trust .....
- I. Missing Beneficiary(ies) .....
- J. *Cy Pres* .....
- K. Williamson Issue\* .....
- L. Other Issues .....

List:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please note:***

**A detailed explanation of issues checked should be set forth at item 13 below.**

\* See *Williamson Estate*, 368 Pa. 343, 82 A.2d 49 (1951), if Trustee was also Executor of the settlor/decedent's estate and received commissions in such capacity.

Name of Trust: \_\_\_\_\_

3. **Testamentary Trust:**

Decedent's date of death: \_\_\_\_\_

Date of Decedent's Will: \_\_\_\_\_

Date(s) of Codicil(s): \_\_\_\_\_

Date of probate: \_\_\_\_\_

*or*

**Inter Vivos Trust:**

Date of Trust: \_\_\_\_\_

Date(s) of Amendment(s): \_\_\_\_\_

4. A. If any other Court has taken jurisdiction of any matter relating to this Trust, explain:

B. Identify all prior accountings and provide dates of adjudication.

5. A. State how each Trustee was appointed:

B. If a Petitioner is not a Trustee, explain:



Name of Trust: \_\_\_\_\_

11. State why a Petition for Guardian/Trustee *Ad Litem* has or has not been filed for this Audit (see Pa. O.C. Rule 12.4):

12. A. State the amount of Pennsylvania Transfer Inheritance Tax and Pennsylvania Estate Tax paid (including postponed tax on remainder interests), the dates of payment and the interests upon which such amounts were paid:

<i>Date</i>	<i>Payment</i>	<i>Interest</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. If any such taxes remain unpaid or are in dispute, explain:

13. Describe any questions requiring Adjudication and state the position of Petitioner(s) and give details of any issues identified in item 2:

Name of Trust: \_\_\_\_\_

14. Written notice of the Audit as required by Pa. O.C. Rules 6.3, 6.7 and 6.8 has been or will be given to all parties in interest listed in item 15 below. In addition, notice of any questions requiring Adjudication as discussed in item 13 above has been or will be given to all persons affected thereby.
- A. If Notice has been given, attach a copy of the Notice as well as a list of the names and addresses of the parties receiving such notice.
  - B. If Notice is yet to be given, a copy of the Notice as well as a list of the names and addresses of the parties receiving such Notice shall be submitted at the Audit together with a statement executed by Petitioner(s) or counsel certifying that such Notice has been given.
  - C. If any such party in interest is not *sui juris* (e.g., minors or incapacitated persons), Notice of the Audit has been or will be given to the appropriate representative on such party's behalf as required by Pa. O.C. Rule 5.2.
  - D. If any charitable interest is involved, Notice of the Audit has been or will also be given to the Attorney General as required under Pa. O.C. Rule 5.5. In addition, the Attorney General's clearance certificate (or proof of service of Notice and a copy of such Notice) must be submitted herewith or at the Audit.

15. List all parties of whom Petitioner(s) has/have notice or knowledge, having or claiming any interest in the Trust, whether such interest is vested or contingent, charitable or non-charitable. This list shall:

- A. State each party's relationship to the Settlor/Decedent and the nature of each party's interest(s);

<i>Name and Address of Each Party in Interest</i>	<i>Relationship and Comments, if any</i>	<i>Interest</i>

Name of Trust: \_\_\_\_\_

<i>Name and Address of Each Party in Interest</i>	<i>Relationship and Comments, if any</i>	<i>Interest</i>

B. Identify each party who is not *sui juris* (e.g., minors or incapacitated persons). For each such party, give date of birth, the name of each Guardian and how each Guardian was appointed. If no Guardian has been appointed, identify the next of kin of such party, giving the name, address and relationship of each; and

C. If distribution is to be made to the personal representative of a deceased party, state date of death, date and place of grant of Letters and type of Letters granted.

16. If Petitioner(s) has/have knowledge that a Trust share has been assigned or attached, provide a copy of the assignment or attachment, together with any relevant supporting documentation.

17. If a trustee's principal commission is claimed:

A. If based on a written agreement, attach a copy thereof.

Name of Trust: \_\_\_\_\_

B. If a principal commission is claimed, state amount.

C. If a principal commission is claimed, state the amounts and dates of any principal commissions previously paid in prior accounting periods.

<i>Amount</i>	<i>Date Paid</i>
_____	_____
_____	_____
_____	_____
_____	_____

18. If a reserve is requested, state amount and purpose.

*Amount:* \_\_\_\_\_

*Purpose:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If a reserve is requested for counsel fees, has notice of the amount of fees to be paid from the reserve been given to the parties in interest? .....  Yes  No

If so, attach a copy of the notice.

19. Is the Court being asked to direct the filing of a Schedule of Distribution? .....  Yes  No

Name of Trust: \_\_\_\_\_

Wherefore, your Petitioner(s) ask(s) that distribution be awarded to the parties entitled and suggest(s) that the distributive shares of income and principal (residuary shares being stated in proportions, not amounts) are as follows:

A. Income:

<i>Proposed Distributee(s)</i>	<i>Amount/Proportion</i>
_____	_____
_____	_____
_____	_____

B. Principal:

<i>Proposed Distributee(s)</i>	<i>Amount/Proportion</i>
_____	_____
_____	_____
_____	_____

Submitted By:  
*(All petitioners must sign.  
Add additional lines if necessary):*

\_\_\_\_\_  
Name of Petitioner:

\_\_\_\_\_  
Name of Petitioner:

Name of Trust: \_\_\_\_\_

**Verification of Petitioner**  
(Verification must be by **at least one** petitioner.)

The undersigned hereby verifies \* [that *he/she* \_\_\_\_\_ is *title* \_\_\_\_\_ of the above-named *name of corporation* \_\_\_\_\_ and] that the facts set forth in the foregoing Petition for Adjudication / Statement of Proposed Distribution which are within the personal knowledge of the Petitioner are true, and as to facts based on the information of others, the Petitioner, after diligent inquiry, believes them to be true; and that any false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

\_\_\_\_\_  
Signature of Petitioner

*\* Corporate petitioners must complete bracketed information.*

**Certification of Counsel**

The undersigned counsel hereby certifies that the foregoing Petition for Adjudication / Statement of Proposed Distribution is a true and accurate reproduction of the form Petition authorized by the Supreme Court, and that no changes to the form have been made beyond the responses herein.

\_\_\_\_\_  
Signature of Counsel for Petitioner